

# **The Relationship between Disturbed Eating Behavior and Substance Use Disorder in Women**

## **Thesis**

Submitted for partial fulfillment of Master Degree  
in Neuropsychiatry

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## ***Dedication***

*I dedicate this work with sincere thanks and appreciation to **My Parents**, my **Husband** and my **Daughters**, for their care and constant support.*

*✍ Aya Arafa*

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## **List of Abbreviations**

<b>Abbr.</b>	<b>Full-term</b>
<b>AN</b>	: Anorexia nervosa
<b>ASI</b>	: Addiction severity index
<b>AUD</b>	: Alcohol use disorder
<b>BED</b>	: Bing eating disorder
<b>BN</b>	: Bulimia nervosa
<b>DSM</b>	: Diagnostic and statistical manual of mental disorders
<b>EAT</b>	: Eating attitude test
<b>ED</b>	: Eating disorder
<b>EDI-2</b>	: Eating disorder inventory-2
<b>EDNOS</b>	: Eating disorder not otherwise specify
<b>GSMHAT</b>	: General Secretariat for Mental Health and Addiction Treatment
<b>NED</b>	: Night Eating Syndrome
<b>OSFED</b>	: Other Specified Feeding and Eating Disorders
<b>PD</b>	: Purging Disorder
<b>SCID-I</b>	: The Structured Clinical Interview for DSM-IV
<b>SUD</b>	: Substance use disorder

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## Introduction

Eating disorders are a spectrum of disorders in which patients suffer from severe disturbances in their eating behaviors and related maladaptive cognitive schemata and negative emotions. Patients typically become pre-occupied with food calories and their body weight. Eating disorders affect several million people at any given time, most often women between the ages of 12 and 35. There are three main types of eating disorders: anorexia nervosa, bulimia nervosa and binge eating disorders. People with anorexia nervosa and bulimia nervosa tend to be perfectionists with low self-esteem and are extremely critical of themselves and their bodies. They always “feel fat” and see themselves as overweight, sometimes even despite life-threatening semi-starvation (or malnutrition). An intense fear of gaining weight and of being fat may become all-pervasive (*American Psychiatric Association, 2017*).

Anorexia and bulimia occur nearly ten times more often in females than males. Rates of eating disorders appear to be lower in less developed countries (*Pike et al., 2014*).

During the entire life up to 4% of women are reported to have anorexia, 2% have bulimia, and 2% have binge eating disorder. For anorexia nervosa, while the overall incidence rates remained stable over the past decades, there

has been an increase in the high risk-group of 15–19 year old girls (*Smink et al., 2013*).

Numerous studies and several literature reviews have found that there seems to be a strong association between bulimic behavior, and non-restricted types of anorexia (including binge eating or purging), and an increased level of substance use disorder (mainly stimulants and cannabis) among female patients (*Calero-Elvira et al., 2009; Nøkleby, 2012*).

Other epidemiological studies have also revealed such co-occurrences, in particular among young population (*Lavender et al., 2015*).

A research revealed that during 1 year, 4.3% of girls and 3.8% of boys started smoking, 5.3% of girls and 4.8% of boys started getting drunk, and 2.4% of girls and 0.8% of boys started engaging in bulimic behaviors. Among the girls, weight concerns in 1997 were predictive of beginning to smoke, get drunk, purge, and binge-eat. Adolescents who reported smoking in 1997 were more likely than nonsmokers to get drunk for the first time (girls: OR = 5.7; boys: OR = 7.1). The reverse association, getting drunk as a predictor of starting to smoke, was of lesser magnitude (*Field et al., 2002*).

Explanations for the comorbidity of eating disorders and substance use disorders (SUDs) in general have been sought in causal or common etiology. Personality traits like novelty-seeking and reward sensitization (*Calero-Elvira et al., 2009*) and impulsivity (*Thompson-Brenner et al., 2008*) have been suggested as shared influences on eating disorders and substance use

Likewise, high interpersonal sensitivity, neuroticism, and high levels of negative affect such as depression and anxiety and insufficient affect regulation have been put forward as common moderators of such comorbidity. In addition, insecure attachment has been viewed as a common trait in both eating disorder and drug disorder patients (*Carbaugh et al., 2010; Root et al., 2010*).

A recent literature review implies that early screening for risk factors for the development of co-occurring eating disorders and substance use disorder as well as sociocultural factors can improve the prognosis of patients (*Gregorowski et al., 2013*).

## **Aim of the Work**

- A. To estimate the occurrence of disturbed eating behavior in patients with substance use disorder.
- B. To investigate the relation between disturbed eating behavior and the severity of substance abuse in patients with substance use disorder.

## **Rationale of the work**

Eating disorders and substance use disorder are frequently coexisting addictive disorders creating a vicious cycle and a deadly combination in many cases; as these two disorders feed upon each other and intensify the destructive qualities of one another. This in turn mandates tailored therapeutic guidelines and thorough screening and diagnostic guidelines tackling the different patterns and symptoms of the disturbed eating behaviors putting in mind the type and severity of the substance abuse.

# Hypothesis

There is probably a high occurrence of disturbed eating behaviors in patients with substance use disorder with a positive relation between the disturbed eating behavior and the severity of addiction.